

[\*\*CLICK HERE FOR CHILDREN'S SCORECARD SUMMARY  
FINDINGS OF 1998-2002\*\*](#)

[\*\*CLICK HERE FOR FINAL STATUS REPORT OF  
CHILDREN 'S SCORECARD\*\*](#)

# 2004 Children's ScoreCard

## Summary of Findings

(All data is for 1998-2002)

\*\* Please note that ScoreCard is embargoed until October 27, 2004. Please do not distribute this document.

### Areas where LA County “Turned the Curve”

- Number of children in foster care : **down 27%**
- Number of families claiming the Earned Income Tax Credit: **up 6%**
- Number of juvenile arrests for misdemeanor offenses: **down 13%**

### Areas of Overall Progress

- Percentage of public school students who in 3<sup>rd</sup> grade were **reading and doing math at or above the national** average increased by 41% and 66%, respectively.
- Percentage of births to **mothers who received early prenatal care**: increased by 5% (from 84% to 88%)
- Percentage of **children fully immunized by age 2**: increased by 16% (from 63% to 73%)
- Rate of **juvenile felony arrests**: **decreased by 34%** (from 1,937 to 1,275 per 100,000 youth 10-17)
- Number of **births to teens** (females ages 10-17) decreased by 25% (to 5,329) and the rate of teen births decreased by 38%.

### Areas of Significant Concern

#### Racial/Ethnic Disparities

**African American Kids:** disproportionately at-risk for foster care: (represent 45% of kids in foster care, yet are only 10.1% of the population.

Account for significant percentages of very poor and low-income children (29% and 58%)

Suffer the greatest prevalence of asthma among children (16%)

Have the highest felony arrest rates (3,313 – almost 3 times greater than the total for LA County)

**Latino Kids:** represent 59% of the child population, but account for 72% of children in poverty.

Least likely to have health insurance (86% compared to 96% White & 97% African American)

More prone to being overweight in grades 5, 7, & 9 (26%)

Lowest percentage of students reading at or above the national average (27%); and lowest percentage of students taking the SAT (77%)

## Geographic Disparities

- SPA 1: Although SPA 1 shows the highest proportion of students fluent in English, it has the highest rate of infant deaths (11 per 1,000 births, compared to the county average of 6 per 1,000 births)
- SPA 2: Lowest felony arrest rates; but the highest number and rate of accidental injury deaths
- SPA 3: Highest high school graduation rates
- SPA 4: Lowest proportion of children with asthma; but the highest proportion of students not fluent in English
- SPA 5: Highest percentage of children with health insurance; but the highest proportion of children with asthma
- SPA 6: Lowest rates of felony arrests for property offenses; but the highest rates of children in foster care
- SPA 7: Lowest percentage of low birth-weight babies; but the highest percentage of overweight children
- SPA 8: Lowest proportion of felony arrests for drug offenses

## Findings Across Age Groups by Three Areas of School Readiness/Success

**Health Access:** Some health conditions worsen as children move from preschool and approach middle school: while 94.2% of all 0-5 year-olds have health insurance, this drops to 86.6% for students 12-17 years of age. And, while 5.9% of preschool children are diagnosed with asthma, this goes up to 7.7% for kids 6-11, and 10.1% for 12-17 year olds.

**Safe, Stable, Nurturing Families:** There are higher rates of adolescents in foster care. While 7,877 0-5 year olds are in out of home placement, 10,084 6-11 year olds and 11,548 12-17 year olds are in foster care.

**Family Economic Security:** Poverty rates are slightly higher for younger children 0-9 years of age.



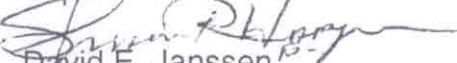
**County of Los Angeles  
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DAVID E. JANSEN  
Chief Administrative Officer

August 24, 2005

To: Supervisor Gloria Molina, Chair  
 Supervisor Yvonne B. Burke  
 Supervisor Zev Yaroslavsky  
 Supervisor Don Knabe  
 Supervisor Michael D. Antonovich

From:   
 David E. Janssen  
 Chief Administrative Officer

Board of Supervisors  
 GLORIA MOLINA  
 First District  
 YVONNE B. BURKE  
 Second District  
 ZEV YAROSLAVSKY  
 Third District  
 DON KNABE  
 Fourth District  
 MICHAEL D. ANTONOVICH  
 Fifth District

**FINAL STATUS REPORT ON CHILDREN'S SCORECARD RECOMMENDATIONS**

On February 3, 2004, your Board adopted the Children's Planning Council's (CPC) Children's ScoreCard recommendations to help improve the lives of children and families in Los Angeles County. My office was instructed, in conjunction with CPC and the Departments of Children and Family Services (DCFS), Health Services (DHS), Public Social Services (DPSS), and the Chief Probation Officer, to report back every six months over an 18 month period regarding the progress in achieving these recommendations. This is the third and final status report on the implementation of the recommendations.

The multiple efforts by the participating departments have resulted in positive improvements for many of the County's children and families. The following identifies a few of the key activities during the final reporting period:

**Increased Health Care Coverage Outreach and Enrollment**

As part of its commitment to achieving the overarching goal of enrolling 135,000 children and youth into health coverage programs, DPSS expanded its eligibility outreach program by 26 Eligibility Workers. These workers accepted Medi-Cal applications at medical facilities, some of which are part of DHS's network of private/public providers. Since their deployment in October 2004, a monthly average of nearly 11,000 children have been enrolled in the Medi-Cal program. Total enrollments during the period of October 2004 through May 2005 totaled 85,740. Utilizing these same staff, DPSS intends to reach out to other County departments to conduct presentations on health care options, such as those contained in the *We've Got You Covered* booklet (i.e., Medi-Cal, Healthy Kids, and Healthy Families), that may benefit their employees and constituents.

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As the result of aggressive outreach efforts by DHS, DPSS, L.A. Care and contract agencies, the number of children enrolled in publicly funded health programs increased by 121,677 between May 2004 and May 2005, which is the last month for which data is available. The breakout by program over this period is as follows: Medi-Cal (a net increase of 61,436), Healthy Kids (40,741), and Healthy Families (19,500). The departments are confident that the enrollment goal will be reached by the end of this final reporting period, if enrollments in public funded programs continue to grow at the same rate and private insurance programs achieve modest gains.

### **Support for One-e-App Phase II Implementation**

The One-e-App Steering Committee met with me to discuss Phase II of One-e-App implementation. Based on the potential for One-e-App to streamline the health insurance application process for families and increase the number of Medi-Cal applications, I will request that your Board allocate \$500,000 from the Information Technology Fund to support Phase II. Phase II activities will include: 1) finalizing specifications for the One-e-App interface between DPSS' LEADER (which determines client benefits eligibility and interfaces with the State's centralized Medical Eligibility Data System that certifies client eligibility to service providers), and DHS' Affinity system (which screens clients for Medi-Cal eligibility); and 2) developing an interface with L.A. Care so that One-e-App can be operational for enrolling children in Medi-Cal, Healthy Families, and Healthy Kids. The findings from Phase II, as well as the experience of other counties that are almost ready to use One-e-App, will help determine whether Phase III full implementation, should be pursued.

### **Pilot to Enhance Healthy Kids Retention Rates**

Building on the success of the simplified, user-friendly change of address form for Managed Care Plan beneficiaries, DHS and DPSS are working with teachers for Healthy Kids, the California Endowment, and Los Angeles Unified School District to expand the use of the form. A pilot to insert the form in school enrollment packets is being planned. This will enable parents to report changes of address to DPSS while enrolling their children in a new school. DHS has been working with L.A. Care to assess Healthy Kids retention rates since the renewal form has been simplified. Early data shows that retention rates are high. DHS contractors continue to pursue high retention rates by calling clients to offer assistance around the time the renewal materials are due.

### **Concurrent Planning Redesign Update**

Adopted by DCFS and its stakeholders, Concurrent Planning is an approach designed to increase permanency for youth in the Child Welfare System by changing the way that youth and families are engaged upon entering the system. The process is based on an

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early assessment of a child's potential to safely return home while simultaneously developing an alternate plan for legal permanency through adoption or legal guardianship should reunification not be able to safely occur.

Significant milestones toward implementing DCFS' Concurrent Planning Redesign pilot were achieved: roll-out of Concurrent Planning training in five pilot offices was completed on June 27, 2005; the automated tracking system, which supports progress toward improved permanency planning and DCFS' goal of achieving timely permanence, is currently in place, and its reporting function is estimated to be functional by the end of August 2005; the Continuous Quality Improvement Process is also in place, and program oversight continues to be provided by a labor/management collaborative with the goal of making a recommendation to DCFS' Executive Team by the end of September 2005 about a departmentwide roll-out.

#### **Earned Income Tax Credit (EITC) Outreach Efforts and 2006 Tax Year Recommendations**

In September, the CPC's Executive Director and the EITC Campaign Partnership are planning to present your Board with their recommendations for the remaining \$250,000 to continue the EITC campaign through the 2006 tax season.

An estimated 1.2 million CalWORKs, Food Stamp, and Medi-Cal participants were mailed a brochure containing EITC information during the 2005 tax season. A joint Medi-Cal, Food Stamps, and EITC Outreach pilot was implemented in July 2005 to test the efficacy of a coordinated outreach effort by promoting these programs in non-traditional sites with non-conventional marketing strategies. For example, eligibility workers out-stationed at food pantries, food banks, WIC offices, clinics and markets promoted awareness of Food Stamps, Medi-Cal and EITC programs, and provided application assistance as needed.

The Partnership Outreach Project, a pilot in the planning stages, is designed to further increase awareness of and enrollment in the Food Stamp, Medi-Cal, and EITC programs, by engaging community-based organizations and other government agencies in outreach efforts, establishing standardized processes for recruiting and training, and providing DPSS information and program support. The pilot will target moderate-to-low income working families living in SPAs 4 and 6. These SPAs were selected because of a large number of residents living below the poverty-level, a high number of employed adults with families, and a concentration of community-based organizations working in partnership with DPSS. The implementation target date for this pilot is October 2005.

A detailed matrix indicating the progress for each of the adopted recommendations, including the final update is attached. For your reference, a list of acronyms used throughout the document has been included as the first page of the matrix.

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If you have any questions or need additional information, please contact me, or your staff may contact Carlos Pineda at (213) 974-4650 or cpineda@cao.co.la.ca.us.

DEJ:LS:CP

Attachment

c: David B. Sanders, Ph.D., Department of Children and Family Services  
Cynthia Banks, Department of Community and Senior Services  
Thomas Garthwaite, M.D., Department of Health Services  
Marvin Southard, DSW, Department of Mental Health  
Bryce Yokomizo, Department of Public Social Services  
Paul Higa, Probation Department  
Yolie Flores Aguilar, Children's Planning Council  
Harriette Williams, Commission for Children and Families

## ScoreCard Recommendations Final Status Report: February 2005 – July 2005

List of acronyms used throughout this document:

CASC	Community Assessment Service Center
CBOs	Community-based organizations
CHDP	Childhood Health and Disability Prevention (DHS program)
CHI Coalition	Children's Health Initiative Coalition
CPC	Children's Planning Council
CDSS	California State Department of Social Services
CSW	Children's Social Worker
DPOs/SDPOs	Deputy Probation Officers/Supervising Deputy Probation Officers
EITC	Earned Income Tax Credit
ITRACK	Incident Tracking System
LACountyHelps	Los Angeles County Helps (formerly known as the Los Angeles Services Identification and Referral Project)
LAUSD	Los Angeles Unified School District
LEADER	Los Angeles Eligibility Automation Determination Evaluation and Reporting System
LIONS	Local Interagency Operations Networks (comprised of Probation, Regional Centers, and community providers)
P3	Permanency Partners Program
PPOs	Permanency Planning Officers
PSSF	Promoting Safe and Stable Families (DCFS program)
SED/SMI	Seriously emotionally disturbed/seriously mentally ill
SIP	System Improvement Plan
SPA/AICC	Service Planning Area/American Indian Children's Councils
TDM	Team Decision Making
TILPs	Transitional Independent Living Plans
TPR	Termination of Parental Rights
UMDAP	Uniform Method of Determining Ability to Pay
VITA	Volunteer Income Tax Assistance sites
WIA	Workforce Investment Act
WIC Centers	Women, Infants, and Children Centers

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By July 2005, Los Angeles County will ensure that an additional 135,000 children and youth are enrolled into health coverage programs and that children and youth who are enrolled in such programs retain coverage for which they are eligible and are able to access quality, preventative care.

<p><b>Recommendation 1:</b> Instruct the Directors of the Department of Health Services (DHS) and the Department of Public Social Services (DPSS) to participate in a requirements analysis to determine the technical feasibility, cost and policy implications, return on investment, and maintenance costs of implementing and maintaining One-e-App as a universal enrollment and retention "system" and return to the Board of Supervisors with findings and next steps.</p>	<p>Deliverables are contained in the recommendation.</p>	<p>Leads: DHS and DPSS  Support: Community-based partners, Children's Health Initiative Coalition</p>	<p>DHS and DPSS: The feasibility study for One-e-App began on April 1, 2004, with an orientation meeting for the stakeholders, including DHS, DPSS, LA Care, and community-based organizations (CBOs). The first of six phases was completed early in June with the development of a Requirements Document prepared by Deloitte Consulting with extensive input from subject experts from each of the above agencies. The departments are now in the second phase, the implementation planning step, which will use the Requirements Document to determine how best to proceed with this project. The final deliverable of this phase will guide the efforts of the remaining phases: Design, Development, Test, and Deployment. DPSS and DHS closely monitor the progress of this study and are active participants in each phase of the development.</p> <p>DHS and DPSS staff have also met with the members of the Chief Administrative Office's (CAO) Service Integration Branch, Internal Services Department, and Chief Information Office to ensure that One-e-App does not duplicate efforts relating to the County's Identification and Referral Project (now known as LACountyHelps).</p> <p>On October 7, 2004, the consultants for One-e-App, Grace Consulting and Deloitte Consulting, presented a cost/benefit analysis to the One-e-App Steering Committee, which includes the Directors of DHS and DPSS. The consultants have been refining this analysis based on the Steering Committee discussion. Much work has been taking place on how One-e-App can interface with Los Angeles Eligibility Automation Determination Evaluation and Reporting System (LEADER), to avoid any</p>
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	<p>The departments continue to participate in the project's second phase, the implementation planning step, which will use the Requirements Document to determine how best to proceed with this project.</p> <p><b>FINAL DHS and DPSS UPDATE:</b> On July 7, 2005, the One-e-App Steering Committee met with David Janssen, CAO, to discuss moving forward with the next phase of One-e-App implementation. Based on the potential for One-e-App to streamline the application process for families and to increase the number of Medi-Cal applications, Mr. Janssen will request that the Board allocate \$500,000 from the Information Technology Fund to support Phase II of One-e-App implementation.</p> <p>Phase II will include finalizing the specifications for DPSS' LEADER and DHS' Affinity interfaces, and developing an interface with L.A. Care so that One-e-App can be operational for children enrolled in the Medi-Cal, Healthy Families, and Healthy Kids. The findings from Phase II, as well as the experience of other counties that are almost ready to use One-e-App for other programs (particularly Medi-Cal for adults) will help to determine whether Phase III, full implementation, should be completed.</p> <p>The Directors of DHS, DPSS, and the Chief Information Office, continue to serve on the One-e-App Steering Committee, and other department staff members will serve on an Operations Committee to guide efforts as the project moves forward.</p> <p>Due to the public-private partnership as well as multi-departmental nature of One-e-App Phase II, the CAO/SIB will assume lead responsibility for facilitating Phase II activities. These activities will include: 1) finalizing specifications for the One-e-App interface between DPSS' LEADER (which determines client benefits eligibility and interfaces with the State's centralized Medical Eligibility Data</p>
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	<p>System that certifies clients client eligibility to service providers), and DHS' Affinity system (which screens clients for Medi-Cal eligibility); and 2) developing an interface with L.A. Care so that One-e-App can be operational for enrolling children in Medi-Cal, Healthy Families and Healthy Kids. The findings from Phase II, as well as the experience of other counties that are almost ready to use One-e-App, will help determine whether Phase III, full implementation, should be pursued.</p>	<p>Deliverable #1:</p> <p>DHS and DPSS: DPSS is collaborating with Women, Infants, and Children (WIC) centers and other CBOs, emphasizing the importance of the Newborn Referral process for Medi-Cal coverage to newborns. This emphasis has resulted in an increase from zero to an average of 2,000-3,000 referrals monthly.</p> <p>DHS has established the practice of concurrently enrolling Medi-Cal mothers and babies born in DHS hospitals by entering the baby's information directly onto LEADER or through use of the Newborn Referral Form.</p> <p>In addition, DHS Childhood Health and Disability Prevention (CHDP) program sent all CHDP providers updated informational flyers describing how they can automatically enroll eligible infants into Medi-Cal using the CHDP Gateway.</p> <p>DHS continues to concurrently enroll Medi-Cal mothers and babies born in DHS hospitals by entering the baby's information directly into LEADER or through use of the Newborn Referral Form.</p> <p><b>FINAL DHS and DPSS UPDATE:</b>  The Newborn Referral Program is functioning well in both departments. DHS continues to concurrently enroll Medi-Cal mothers and babies born in DHS hospitals. DPSS received and processed more than 27,000 Newborn Referrals in the reporting period.</p>
<p><b>Recommendation 2:</b>  Directors of DHS and DPSS to implement health care coverage, enrollment, and retention strategies to ensure universal coverage for children and youth.</p>	<p>1. In beginning with DHS staff use the Newborn Referral Form for all births to Medi-Cal mothers and that during the hospital stay, all other babies are screened and enrolled in health coverage programs for which they are eligible.</p>	<p>hospitals, hospitals, hospitals, DHS and DPSS Leads: DHS and DPSS</p>

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2. Assist all County departments and their contractors to develop a plan to ensure all children and youth using their services have health care coverage.	<p>Deliverable #2:</p> <p>DHS and DPSS:</p> <p>DHS and DPSS have begun strategizing on the best approach to conducting outreach to other County departments. Based on the expansion of the Healthy Kids initiative (originally developed by First 5 LA), which will cover older children, almost all children are eligible for some form of health coverage. DHS and DPSS will customize their outreach efforts to reflect this expansion. Additionally, DHS and DPSS have worked together to revise and reprint the We've Got You Covered booklet, which is a valuable resource for County departments and community agencies.</p>	<p>DHS and DPSS developed a flyer that will be mailed to current Medi-Cal children who receive restricted benefits due to their immigration status informing parents their child/children may be eligible for the Healthy Kids Program.</p> <p>DHS and DPSS continue to strategize on the best approach to conduct outreach to other County departments. Some efforts that took place during this reporting period include:</p> <ul style="list-style-type: none"><li>✓ DHS and DPSS worked together to identify and implement high yield opportunities for enrolling large numbers of children into programs for which they qualify. Examples include: simplifying the process for children with restricted-scope Medi-Cal to enroll in Healthy Kids; streamlining the follow-up process for Los Angeles Unified School District (LAUSD) to follow-up with families requesting information and</li></ul>
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	<p>enrollment assistance; and simplifying the Healthy Kids redetermination process.</p> <ul style="list-style-type: none"><li>➤ Got You Covered booklet, referenced above.</li><li>➤ A mailing of the above referenced flyer by DHS and DPSS resulted in increased calls to DHS contractors for assistance and a spike in Healthy Kids enrollment among 0-5 year olds in the period after the mailing.</li><li>➤ DHS was a presenter at the Children's Health Initiative (CHI) Coalition community forum, attended by over 100 people.</li><li>➤ DPSS continues to participate in community outreach events scheduled throughout the County.</li></ul>	<p><b>FINAL DHS and DPSS UPDATE:</b></p> <p>DHS and DPSS continue to assist County departments and their contractors who serve children and families to ensure that all children and youth using their services are enrolled for health coverage.</p>	<p>As part of its commitment to achieving the overarching goal of enrolling 135,000 children and youth into health coverage programs, DPSS significantly expanded its eligibility outreach program by 26 Eligibility Workers. These workers take Medi-Cal applications in medical facilities, some of which are part of the DHS' contract network. Since their deployment in October 2004, staff has enrolled an average of almost 11,000 children per month into Medi-Cal. Total cumulative enrollments for the period covering October 2004 through May 2005 were 85,740.</p>	<p>This staff deployment has also increased DPSS' ability to participate in community outreach events throughout the County. Utilizing these same staff, DPSS intends to reach out to other County departments to conduct presentations on health care options that may benefit their employees and constituents, such as those contained in the We've Got You Covered booklet (i.e. Medi-Cal, Healthy</p>
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		<p>DHS and DPSS also continued to serve on the CHI Coalition and its Program Integration Workgroup, whose mission is to expand the number of sites that can serve as "no wrong doors" to health insurance.</p> <p>Kids, and Healthy Families).</p>
		<p><b>Deliverable #3:</b></p> <p><b>DHS and DPSS:</b> In collaboration with the Managed Care Plans, DPSS has developed three user-friendly change of address forms for providers and other community agencies to use for Medi-Cal beneficiaries who have a change of address and are subject to termination of benefits due to loss of contact.</p> <p>Additionally, DHS contracts with community and school-based agencies to conduct outreach and enrollment activities, including redetermination assistance (some of these contractors are medical providers or work closely with medical providers).</p> <p>DHS also contracts with two agencies to provide training on enrollment assistance; this training also covers redetermination. Many service providers have attended this training.</p> <p>DHS worked with L.A. Care to simplify the Healthy Kids renewal process, so that members are able to verify their eligibility information from a pre-printed form every year, rather than completing a lengthy, complex application. This enhancement should make it easier for clients to retain their benefits as the form will be much simpler for clients to complete.</p> <p><b>FINAL DHS AND DPSS UPDATE:</b> Based on the success of the simplified, user-friendly change of address forms for Managed Care Plan</p> <p>3. Increase the capacity of service providers to assist families with all eligibility redetermination reports.</p>

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	<p>beneficiaries, the departments are working with the Teachers for Healthy Kids, the California Endowment, and LAUSD to expand usage of the form. A pilot is being planned to insert the form in school enrollment packets. This will enable parents to report changes of address to DPSS while enrolling their children in a new school.</p> <p>DHS has been working with L.A. Care to assess Healthy Kids retention rates since the renewal form has been simplified. Early data show that retention rates are high.</p> <p>DHS contractors continue to assist clients with health care renewal, calling clients to offer assistance around the time the renewal materials are due.</p>	<p>Deliverable #4:</p> <p>DHS is working with its outreach and enrollment contractors to determine best practices for encouraging clients or patients to utilize their health benefits. Currently, contractors use varying methods for encouraging utilization of benefits.</p> <p>DHS outreach and enrollment contractors are following up with clients to encourage utilization of benefits.</p>	<p><b>FINAL DHS UPDATE:</b> DHS incorporates education to clients, members, and the general public on the importance of preventive care and chronic disease management in many of the programs it operates. For example, during the reporting period, DHS launched an asthma media campaign using "bus-boards" located inside buses, in areas with high asthma rates. The goal of the campaign was to give viewers basic messages about asthma, such as the ability to lead active lives or the need to have an asthma management plan, and to provide a telephone number for more information. Telephone operators</p>
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	<p>4. Educate patients/clients/members and others on the importance of receiving regular preventative health care and ongoing treatment for chronic diseases, as a means of improving health and demonstrating the value of health coverage.</p>	<p>are trained to provide health insurance resource information as well as asthma information.</p>
<p>Recommendation 3: Instruct the CAO to pursue legislative and regulatory changes at the State and Federal levels, required to improve health coverage for children and youth in Los Angeles County and instruct the Directors of DHS, DPSS, and the Department of Mental Health (DMH), through their active leadership and participation on the Children's Health Initiative (CHI) Coalition, to create and implement a "health access blueprint" for children and youth in Los Angeles County to:</p> <p>(see deliverables).</p>	<p>1. Achieve long-term universal health coverage.</p> <p>Leads: CAO, DMH, DHS and DPSS  Support: Children's Health Initiative Coalition</p>	<p><b>Deliverable #1:</b> Consistent with the Board's Legislative Agenda, County legislative advocates have continued to take support/oppose positions on legislative and budget proposals related to health insurance, and opposition to proposals in the proposed State budget to reduce the Medi-Cal program and impose enrollment caps on Healthy Families and other child health programs. These last efforts contributed to defeat of cuts in Medi-Cal and Healthy Families in the development of the FY 2004-05 and FY 2005-06 State budget.</p> <p>CAO, DHS, and DPSS staff continued to monitor the Schwarzenegger Administration's Medi-Cal Redesign effort and urged the Administration to maximize Federal revenues to California, simplify and align the Medi-Cal and Healthy Families programs, and pursue health coverage eligibility expansions through a Federal Medicaid waiver.</p> <p>CAO and DHS participated in the Program Integration and Policy Change Workgroups of the CHI, with DHS serving as a co-convenor and Program Integration Workgroup Chair. Efforts have focused on identifying needed legislative and regulatory changes to increase State and Federal health care funds to support the Los Angeles CHI.</p> <p><b>FINAL CAO UPDATE:</b> The CHI Coalition has had initial discussions with</p>

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Schwarzenegger Administration officials regarding the legal and policy implications of alternative funding ideas. Additional discussions are expected.	<p>DMH:</p> <p>Consistent with the goal of increasing the number of children and youth who have access to quality health care services, DMH is collaborating with LA Care to expand the availability of mental health services to seriously emotionally disturbed/seriously mentally ill (SED/SMI) children and youth who are eligible for the Healthy Kids Program. DMH and LA Care are currently working toward development of a contract that will expand LA Care's existing provider network to include DMH and its community-based contractors as resources for mental health services for SED/SMI children and youth enrolled in the Healthy Kids Program.</p> <p>DMH leadership and LA Care leadership met in September 2004 and agreed to develop a contract to enable DMH programs to provide the SED/SMI benefit to Healthy Kids beneficiaries. As a starting point, parties agreed to exchange resource lists, rates of reimbursement for DMH services, and sample contract language. (As of the date of this report all that was agreed to has been accomplished.) However, to date, LA Care has contracted primarily with individual, fee-for-service providers; thus, their contract language is more appropriate for individual providers than for DMH legal entity providers. Contract language will need to be revised and edited to conform to County policy. In addition, LA Care will tour several local DMH legal entity contract providers in order to see the full array of staff and services provided in a mental health clinic. The site visits will be facilitated by DMH during the month of January.</p>
FINAL DMH UPDATE: LA Care contract administration staff have been	

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consulting with their legal staff to determine if and how their standard contract can be modified to meet the needs of both LA Care and the County for contracting of Healthy Kids services. LA Care and DMH agreed that LA Care will contract directly with a small number of community-based contractors, based on LA Care's need to fill geographic gaps in their provider network. In addition, LA Care and DMH agreed to pilot a program with Valley Coordinated Care to see if billing and reimbursement procedures could be successfully implemented with one directly-operated County clinic before expanding to others.

During this reporting period, problems with billing, reimbursement rates and procedures have been identified and are yet to be resolved. DMH Financial Services Bureau staff wrote a letter to State DMH to inquire about the possibility of getting a waiver or exemption from the Uniform Method of Determining Ability to Pay (a sliding fee scale used by counties to calculate the amount charged to a client for services), Co-payment, and Share-of-Cost requirements. In May 2005, State DMH replied that there are no provisions in law or regulations for waivers or exemptions from these requirements.

Lastly, the planned tour of a DMH clinic was cancelled by LA Care staff due to an emergency. Subsequently, there was a change in LA Care contract administration staff and a tour of the clinics has not been rescheduled with the new staff. LA Care and DMH staff continue to address and attempt to resolve all of the aforementioned issues and concerns.

**FINAL DPSS UPDATE:**

Consistent with Board legislative policy, the County's opposition efforts contributed to the defeat of the Governor's FY 2005-06 Budget proposal, which imposed monthly premiums for many Medi-Cal beneficiaries with income above 100 percent of the federal poverty level. In addition, advocacy efforts contributed to the restoration of State funding for

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<p>2. Ensure continuous health coverage so the number of children and youth without health insurance at some point during a 12-month period declines by 25 percent.</p>	<p>Deliverable #2:</p> <p>DPS completed programming of the Continuous Eligibility for Children into LEADER which ensures up to 12 months of continuous Medi-Cal coverage for children.</p>	<p><b>FINAL DPSS UPDATE:</b>  As part of its ongoing efforts to ensure continuous health coverage for children, DPSS strengthened its manual administration of the Bridging Program; a program that provides one-month of continuing Medi-Cal coverage at no cost to individuals whose circumstances have changed. This one-month period allows for an evaluation of the family's eligibility for Healthy Families coverage. The Bridging Program will be programmed into LEADER when the State requirements are finalized.</p> <p>In addition, DPS strengthened its manual administration of the Deemed Eligibility for Infants Program. This program ensures continuous Medi-Cal coverage for infants until the age of one.</p> <p>Furthermore, DHS and DPSS have continued to play active roles in the CHI Coalition. The Coalition's Program Integration Workgroup, chaired by DHS staff, has been looking holistically at the way that children enroll in and retain their health coverage and produced a report that maps the system and the opportunities for falling through the cracks, and provided recommendation for eliminating these gaps. The report will guide the workgroup's efforts in the future.</p>
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Deliverable #3

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<p>FINAL DHS and DPS UPDATE:</p> <p>As the result of aggressive outreach efforts by DHS, DPSS, L.A. Care and contract agencies, the number of children enrolled into publicly funded health programs increased by 121,677 between May 2004 and May 2005, the last month for which data is available.</p> <p>The breakout by program is as follows:</p> <table border="1" data-bbox="538 232 652 718"> <tbody> <tr> <td>Medi-Cal</td> <td>61,436 (net gain)</td> </tr> <tr> <td>Healthy Kids</td> <td>40,741</td> </tr> <tr> <td>Healthy Families</td> <td>19,500*</td> </tr> <tr> <td>Total</td> <td>121,677</td> </tr> </tbody> </table>	Medi-Cal	61,436 (net gain)	Healthy Kids	40,741	Healthy Families	19,500*	Total	121,677	<p>Assuming that enrollments into the publicly funded programs continued at the same pace through the end of the report period and that there was a modest gain in enrollments in private insurance programs, the departments are confident that the goal of enrolling an additional 135,000 children through August 2005 will be achieved. This is supported by the 2004 Children's ScoreCard finding that 90 percent of children in the County have coverage.</p>
Medi-Cal	61,436 (net gain)								
Healthy Kids	40,741								
Healthy Families	19,500*								
Total	121,677								
<p>3. Improve access to quality health care services so the number of uninsured children and youth with a regular source of care increases, from the current level of 70 percent to 80 percent.</p>	<p>*County-specific Healthy Families enrollment data not available for entire report period. Enrollment based on a conservative estimate of 1,500 children enrolled per month. The total number of Healthy Families enrollments for Los Angeles County was 202,103 in March 2005, the last month for which data is available.</p>								

By July 2005, significantly increase the number of children and youth in safe, stable, nurturing families, through support, prevention, safe reunification, and other permanency efforts that engage a broad spectrum of stakeholders in the community and public and private sectors.

<p>Recommendation 4: Instruct the Director of DCFSS, in partnership with the Commission for Children and Families, to develop and</p>	<p>1. Increase the effectiveness of the system's efforts to promote the ability of families to act on their own behalf, including expanding the</p>	<p>Leads: DCFSS and the Commission for Children and Families</p>	<p>Deliverable #1: FINAL CAO UPDATE:</p>
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<p>implement a prevention-oriented plan, with key stakeholders, to: (1) more effectively achieve child/youth and family safety and well-being by connecting all children, youth, and families to a continuum of prevention services and supports; and (2) decrease the disproportionate representation of children and youth of color in the child welfare system and improve their outcomes.</p> <p>The plan that outlines the process, infrastructure, resources, and partnerships, to be completed in 120 days, with specific goals and performance measures, should build on the Compton Project where appropriate, and include strategies to: (see deliverables).</p>	<p>involvement of families and community organizations in decision making regarding services and interventions to be provided.</p> <p>Support CAO, County Department of Community and Senior Services (DCSS), DHS (including Alcohol and Drug Programs), DMH, Probation, DPSS, District Attorney's Office, Superior Court, schools, California Department of Social Services, Los Angeles City Commission for Children, Youth and Their Families, Inter-Agency Council on Child Abuse and Neglect, First 5 LA, Children's Planning Council (CPC), Countywide Criminal Justice Coordinating Counsel, and other appropriate criminal justice professionals, Children's Law Center of Los Angeles and other advocacy groups, the Los Angeles Homeless Services Authority, community members, including parents and other caregivers, foster youth and families, community-based providers, faith-based organizations and other key</p> <p>geographic prevention effort as a first step. The CAO will meet with the Chair of the NDTF, and coordinate the focused preventive effort with participating department heads.</p> <p>DCFS:</p> <ul style="list-style-type: none"> <li>➤ To increase the effectiveness of assisting families to act on their own behalf, the Department recommends the use of a Team Decision Making (TDM) process that engages families in a family-centered approach, wherein families and County partners identify the strengths and needs of families. In this approach, families and those identified as part of their support systems work with professionals to assess what is needed to allow the child to safely remain in his/her home, if possible. (The target populations for this recommendation are families whose cases do not meet the legal definition of abuse/neglect, i.e. "inconclusive.")</li> </ul> <p><b>FINAL DCFS UPDATE:</b>      TDM is operational in two pilot offices. Countywide implementation is targeted for the end of the 2005 calendar year.</p> <ul style="list-style-type: none"> <li>➤ Fund (e.g., using the Title IV-E waiver), organize, and integrate first, second, and third level prevention resources, e.g., County and non-County funds, programs and services (see answer to #2 and definitions below) in a neighborhood setting to focus on at least eight high need geographic communities and on at least one other community where children are at high risk for abuse and neglect.</li> </ul> <p><b>FINAL DCFS UPDATE:</b>      The Department is awaiting the outcome of the negotiations between the State and Federal government on the status of the Title IV-E waiver.</p> <p>Levels of Prevention Defined:</p>
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	<p>First Level of Prevention (Universal)  Efforts targeting the general population. These programs and services support families so they can provide the best possible care for their children, thereby, preventing any abuse or neglect from occurring.</p> <p>Second Level of Prevention (High-Risk/Inconclusive)  Efforts targeting families that may have a special need for supportive services or who have been identified as being at higher risk of abuse/neglect. Families typically participate in these services on a voluntary basis.</p>	<p>Third Level of Prevention (Substantiated Cases of Abuse/Neglect)  Efforts targeting families when abuse/neglect has already occurred. These services try to prevent further abuse/neglect and reduce the negative consequences of abuse/neglect. These services may be mandated for specific individuals.</p> <p><b>FINAL DCFS UPDATE:</b>  Focus on communities where disproportionate numbers of children of color are involved with the child welfare system. Structured Decision Making (SDM) is used to identify characteristics of families that are at increased likelihood of re-abuse or neglect of their children. These characteristics manifest as high-risk or very high-risk readings in a risk assessment. It is DCFS' goal to open as cases all high and very high referrals, when appropriate. Where facts and circumstances warrant, DCFS will provide community referrals.</p> <p>Deliverable # 2:  DCFS:</p>
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<p>To achieve legislative/policy changes, DCFS has obtained approval from the Board of Supervisors to pursue a State Title IV-E waiver that will allocate money to develop up-front preventive services and additional intensive services to support timely reunification or an alternative permanency plan for children and families.</p>	<p><b>FINAL DCFS UPDATE:</b> Status of waiver is pending negotiations between the State and Federal governments.</p>
	<p><b>Deliverable # 3:</b> DCFS: Build on existing community-based partnerships coalitions (at a sub-SPA level) so that community residents can connect to, and support, one another</p>

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	<p>in community-based settings (e.g., child care facilities, schools, or faith-based organizations). In these settings, community residents can identify needed support services for those who may be living in situations that place their children at risk of abuse or neglect. In addition, they can participate both as decision makers and consumers of services. More formal support systems, such as DCFS, Probation, DPSS, DHS, and others, should join these informal networks to promote health and safety for children and families and form a continuum with primary prevention supports. (The target populations for this recommendation are families at risk of abuse and neglect that have not yet come to the attention of DCFS.)</p>
	<p><b>FINAL DCFS UPDATE:</b>  First 5 LA's approval of the Partnership for Families proposal and the Department's Points of Engagement service delivery system will assist with this effort.</p> <p><b>POTENTIAL FUNDING: COUNTY</b>  Ongoing.</p> <p>CDC:  <ul style="list-style-type: none"> <li>➤ Survey funds for housing, shelter plus care.</li> <li>➤ Housing development funds – for special needs/transitional units.</li> </ul> </p> <p>DCFS:  <ul style="list-style-type: none"> <li>➤ Title IV-E waiver: explore the need to create/stretch flexibility of all funding streams.</li> <li>➤ Family Preservation/Family Support/  Promoting Safe and Stable Families  (currently under development).</li> <li>➤ Child Abuse Prevention Intervention Treatment, State Redesign funds, etc.</li> </ul> </p> <p><b>FINAL DCFS UPDATE:</b></p> <p>2. Achieve legislative and administrative policy changes at local, State and Federal levels – e.g. a Title IV-E waiver – that encourage local flexibility and reinvestment across funding streams for an array of support, prevention, diversion, and protection services that produce better outcomes for children, youth, and families.</p>

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3. Integrate family-centered programs offered by multiple County departments and other community partners into a practical continuum of family-centered services.	<p>Beginning August 2005, DCFS will contract with approximately 80 community-based agencies. These contracts will redesign service delivery with social service providers in the County by providing a coordinated, continuum of services through Family Support, Adoption Promotion and Support, and Family Preservation for children, families, and communities. Family Support services will target families at risk of abuse and neglect that have not come to the attention of DCFS.</p> <p>Family Preservation</p> <p>All contracted agencies will now be required to be available 24 hours. The contract mandates that all agencies will participate in delivering Alternative Response Services for inconclusive referrals. In addition this contract stipulates that a joint assessment (conducted by contracted agencies and DCFS) be made for those cases involving Domestic Violence, Substance Abuse and Mental Health. This new service requires a three hour response time and those cases must be referred to a Community Assessment Service Center (CASC) who will assess and refer out for treatment. Lastly, zip codes are now grouped by Regional Office Area, for service provision through Family Preservation.</p>	<p>Memorandum of Understanding (MOU) with DHS</p> <p>DCFS is entering into a MOU with DHS to enhance, through funding, the availability of alcohol and drug assessment and treatment services for DCFS families eligible to receive PSSF Time-Limited Family Reunification services. The intent of these services is to connect DCFS families with timely, intensive, and responsive support services in order to shorten the time it takes for them to reunite with their children, who have been in placement 15 months or less. These services will be available in each of the eight SPAs.</p>	<p>DCFS is in receipt of an allocation letter for FY 2005-06. August 2005 has been set as the target date for completing the plan.</p>
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	<p>DHS:</p> <ul style="list-style-type: none"> <li>➤ Medicaid, Alcohol and Drug Funds.</li> <li>➤ Maternal Child and Adolescent Health.</li> </ul> <p>DMH:</p> <ul style="list-style-type: none"> <li>➤ Supportive and Therapeutic Options Program funds, Post Traumatic Stress Disorder funds, Birth to 5 Coalition, Mental Health Initiative (now referred to as the "Mental Health Services Act"), Section 8 – Shelter Care Plans.</li> </ul> <p>DPSS:</p> <ul style="list-style-type: none"> <li>➤ Eviction Prevention, CalWORKs/child care/ food stamps, Medi-Cal – Healthy Kids – Healthy Families, Earned Income Tax Credit, DCSS, Workforce Investment Act (WIA) funds, shelters.</li> </ul> <p>OTHER:</p> <ul style="list-style-type: none"> <li>➤ Child Support Services Department, Regional Centers.</li> </ul>	<p>POTENTIAL FUNDING: NON-COUNTY</p> <ul style="list-style-type: none"> <li>➤ First 5 LA.</li> <li>➤ FINAL DCFS UPDATE: The Partnership for Families proposal was approved.</li> </ul> <p>➤ Coordination of PSSF funds/RFP.</p> <p>➤ FINAL DCFS UPDATE:</p> <ul style="list-style-type: none"> <li>➤ RFP is pending approval by the Board.</li> <li>➤ Los Angeles Homeless Services Authority.</li> <li>➤ Community Development Block Grant Funding.</li> <li>➤ Building commitment of cities and communities identified through this effort.</li> <li>➤ School Districts.</li> <li>➤ Law Enforcement/Judicial – Bureau of Juvenile Justice; State Department of Justice.</li> <li>➤ Community Colleges Training Funds.</li> <li>➤ Family Resource Centers.</li> <li>➤ California Wellness Foundation and Endowment.</li> <li>➤ Corporation for Supportive Housing</li> </ul>
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<ul style="list-style-type: none"> <li>➤ Robert J. Wood Foundation, Victim of Crimes, Board of Supervisors' Offices discretionary funds.</li> <li>➤ Annie E. Casey</li> </ul> <p>POTENTIAL PRIVATE/FOUNDATION/CORPORATE INVOLVEMENT</p> <ul style="list-style-type: none"> <li>➤ Mary Kay, Verizon, Liz Claiborne, Casey Family Services, Foster Care Roundtable, Victoria R. Foundation, Teague Foundation, United Friends of the Children, Tavis Smily Foundation.</li> </ul> <p>IDEAS FOR IMPLEMENTATION</p> <p>CAO to coordinate County departments:</p>	<ul style="list-style-type: none"> <li>➤ Level of commitments, including funding.</li> <li>➤ Formal agreements.</li> <li>➤ Build on work conducted by the County's Revenue Maximization Group and its Finance Subcommittee.</li> <li>➤ Include finance members from each of the implementation partners to develop financing structure to support this effort.</li> <li>➤ Ensure cities and Community Development Commission are included.</li> <li>➤ Include philanthropic community founders</li> <li>➤ Lessons learned from other funding models – both success and failures.</li> <li>➤ Clarify model and identify funding opportunities, gaps, and limitations.</li> <li>➤ Determine legislative agenda for change in funding structures to support model.</li> <li>➤ Establish clarity on use of resources.</li> </ul>	<p><b>DCSS:</b></p> <p>DCSS concurs with DCFS and the Commission on Families' initiatives to implement this recommendation. DCSS staff participated in a workgroup responsible for adopting the Prevention Plan that will be submitted to the Commission for Children and Families and the Board of Supervisors.</p> <p>The Department continues to support the efforts of DCFS to implement this recommendation, as</p>
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		<p>deemed necessary and appropriate by the lead department, DCFS.</p> <p><b>PROBATION:</b> Probation has collaborated with DCFS on several issues in support of prevention-oriented efforts. Workgroup participation included:</p> <ul style="list-style-type: none"><li>➤ Relative Care. Probation continues to participate in the ongoing Relative Care Committee. The committee's finalized report was submitted in October 2004.</li></ul> <p><b>FINAL PROBATION UPDATE:</b> Probation continues to participate in the Kinship Committee with DCFS. The primary goal of this committee is to promote Family Reunification and Permanence for youth placed in the homes of relatives by developing a strategy to provide services and support for families to enhance safety and stability. The draft report was submitted in June 2005.</p> <p>➤ Outcomes and Accountability. In collaboration with DCFS, Probation participated in the development of the System Improvement Plan (SIP), which was submitted to the California Department of Social Services on September 30, 2004.</p> <p><b>FINAL PROBATION UPDATE:</b> ➤ Probation and DCFS have participated in ongoing meetings to review the status and progress of the SIP.</p> <p>➤ California State Department of Social Services (CDSS) issued instructions to all County Probation Departments to submit data on the Foster Care (FC) 23 form (Probation Foster Care Placement Monthly Caseload Statistical Report) for all children in out-of-home care. The FC 23 is submitted monthly to CDSS who will issue reports back to each county. This information will be used to evaluate performance on the</p>
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		<p>Federal-mandated standards for foster care. Initially, Probation was not able to respond to the data outcomes in the County Assessment and System Improvement plan due to the fact that they do not have access to the CWS/CMS system.</p> <ul style="list-style-type: none"><li>➤ CDSS provided technical assistance-training sessions for Probation on April 26 and 27, 2005 to provide information on the FC 23.</li><li>➤ Probation is seeking a legislative change to modify the language of the current KINGAP law to include Probation youth.</li><li>➤ A Probation committee has been formed to examine ways to proceed with a proposal for legislation. A presentation was made to the Chief Probation Officers Association (CPOC) at their February and July meetings. CPOC supports the legislative change.</li></ul>	<p><b>FINAL DCFS UPDATE:</b></p> <p>DCFS is implementing data analysis protocols and reporting tools on an ongoing basis to assist in monitoring outcomes and program successes.</p> <ul style="list-style-type: none"><li>➤ Children Missing in Foster Care.</li></ul>	<p>Probation Department has created a unit consisting of two Deputy Probation Officers (DPOs) which focuses primarily on locating runaway/AWOL youth placed under the supervision of the Department. Since its inception in October 2003, the unit has located a total of 284 youth.</p>	<p>DPSS:</p> <p>DPSS supports DCFS' initiatives to implement this recommendation. To that end, a senior level manager has been designated as the departmental</p>
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			representative to collaborate on the following four workgroups headed by DCFS:
			<ul style="list-style-type: none"> <li>➢ Prevention</li> <li>➢ Children Missing in Foster Care</li> <li>➢ Outcomes and Accountability</li> <li>➢ Team Decision Making</li> </ul>
Recommendation 5: Instruct the Director of DCFS to lead a collaborative effort of key stakeholders to significantly decrease the average time to safely reunify children with their birth families.	<p>1. Engage community-based organizations and residents in community capacity building efforts that contribute to timely reunification.</p> <p>This effort shall be defined in an implementation plan, to be completed in 60 days, with specific goals and performance measures, and should include strategies for: (see deliverables).</p>	<p>Lead: DCFS</p> <p>Support: Key stakeholders</p>	<p>Ongoing. To ensure maximum input in developing strategies contributing to timely reunification, eight SPA Councils assisted by convening focus groups that included participation from the following stakeholder groups: DCFS management and regional office staff, parents and parent advocates, relative caregivers, foster youth, mental health providers, second-year social welfare students, foster parents, parents' attorneys, the Supervising Judge of the Juvenile Court's Multi-Agency/Court Committee. Additionally, two ongoing reunification cases were reviewed by members of the Commission for Children and Families; and information received from the National Resource Center for Foster Care and Permanency was incorporated in the development of the strategies.</p>
	<p>2. Make changes in procedures and policies that inadvertently hinder safely reunifying children and youth in a shorter period of time</p>		<p><b>Deliverable #1:</b>  <b>FINAL DCFS UPDATE:</b>  DCFS is entering into a MOU with DHS to enhance, through funding, the availability of alcohol and drug assessment and treatment services for DCFS families eligible to receive PSSF Time-Limited Family Reunification services. The intent of these services is to connect DCFS families with timely, intensive, and responsive support services in order to shorten the time it takes for them to reunite with their children, who have been in placement 15 months or less. These services will be available in each of the eight SPAs.</p> <p><b>Deliverable #2:</b>  Ongoing. To safely reunify children and youth in a shorter period of time with their birth families, the</p>

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		<p>following changes in procedures and policies are recommended:</p> <ul style="list-style-type: none"> <li>➤ Use Structured Decision Making throughout the case.</li> </ul> <p><b>FINAL DCFS UPDATE:</b></p> <ul style="list-style-type: none"> <li>➤ Fully-implemented</li> <li>➤ Create Family Centered Teams for every case.</li> <li>➤ Employ Parent Advocates to assist families.</li> </ul> <p><b>FINAL DCFS UPDATE:</b></p> <ul style="list-style-type: none"> <li>➤ Pending further discussion.</li> <li>➤ Emphasize meaningful and frequent visitations.</li> <li>➤ Organize necessary resources around SPAs.</li> <li>➤ Assign a Community Resource Specialist in each office (DCFS and Probation) to assist linking to resources.</li> <li>➤ Ongoing goal: provide better representation for parents in the court system in a more supportive atmosphere.</li> </ul>
	with their birth families.	<p><b>Deliverable #3:</b>  Ongoing. The following practice guidelines are recommended:</p> <ul style="list-style-type: none"> <li>➤ Establish and monitor clearly defined reunification goals for the Department, Bureau, and SPA offices.</li> <li>➤ Increase efforts by DMH and DCFS to expand Local Interagency Operations Networks (LION) in each SPA. LION includes: Probation, regional centers, and community providers.</li> <li>➤ Establish community advisory councils in each DCFS SPA office.</li> <li>➤ Expand Family Preservation services to 24/7 availability.</li> <li>➤ Implement Points of Engagement teams (multi-disciplinary teams for assessing risk to families and diverting them from foster care)</li> <li>➤ departmentwide.</li> <li>➤ Implement Alternative Response capability departmentwide.</li> </ul> <p><b>FINAL DCFS UPDATE:</b></p>

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	<ul style="list-style-type: none"><li>➤ The contract that is set to go into effect on August 1, 2005, mandates all agencies to participate in delivering Alternative Response Services.</li><li>➤ Staff all SPA offices with Family Group Decision Making / Family-to-Family specialists.</li><li>➤ DCFS will make every effort to keep children in their communities and schools and to connect children and families with services that are culturally and linguistically appropriate. Resources within the community should include faith-based groups.</li><li>➤ DCFS will develop automated systems and outcome measurement reports and provide the necessary infrastructure to support these systems. Examples of this effort include management reports to identify length of time to exit foster care to adoption and tracking systems, such as the Concurrent Planning System (see Concurrent Planning Redesign section below) to track and monitor tasks and report on outcomes to ensure timelines to permanency are reduced.</li></ul>	
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**DMH:**

LION meetings have continued to expand across the County. Regular LION meetings have expanded to five of the eight SPAs. Meetings are being scheduled between DCFS Regional Administrators and DMH District Chiefs to establish LIONS in the three remaining SPAs.

**FINAL DMH UPDATE:**

Interagency meetings have continued to expand across the County. DMH District Chiefs and DCFS Regional Administrators across the eight SPA's are holding interagency meetings with Probation, regional centers and community providers.

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	<p>Deliverable #4:</p> <p>DCFS has made significant progress through staff redeployment to redirect available resources to "direct service" activities.</p> <p>Current planning associated with the development of the Children and Families Budget, including results-based accountability and Performance Counts! measures; and further implementation of the Electronic Countywide Accounting and Purchasing System Project, will assist the Department in redirecting needed resources to the area of family reunification.</p>	<p><b>FINAL DCFS UPDATE:</b></p> <ul style="list-style-type: none"> <li>➤ Redeployment has been completed. Other activities specified below are ongoing.</li> <li>➤ Approval of the Title IV-E waiver request will enable DCFS to enhance existing resources that support reunification of children and families.</li> <li>➤ Approval has been granted by the Board. Decision by Federal and State governments is still pending.</li> </ul> <p>4. Leverage available resources to support family reunification.</p>	<p>Lead DCFS and Probation Support:  Key stakeholders</p> <p>Deliverables are contained in the recommendation.</p>	<p>DCFS:  Ongoing.  "Torrance Project/Direct Transfer Model"  Developed to improve adoption services for foster children.  Used a team approach to promote early and ongoing case planning coordination between the case carrying Children's Social Worker (CSW) and adoption CSW to achieve the goal of timely adoption.  Originally piloted in DCFS' Torrance Office in January 2004 and subsequently rolled out to all 16 DCFS offices.  Demonstrated the time to finalize an adoption</p> <p>Recommendation 6: Instruct the Director of DCFS and the Chief Probation Officer to lead a collaborative effort with other key stakeholders to decrease the amount of time for a child to be legally adopted, and increase significantly the percentage of foster youth age 14 and older who leave the system with legal permanence, and also with strong and enduring ties to one or more nurturing adults.</p> <p>This effort shall be defined in an</p>
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<p>implementation plan, to be completed in 60 days, with specific goals and performance measures, and should include strategies to improve systems and implement policies to achieve this recommendation.</p>	<p>after Termination of Parental Rights (TPR) decreased from an average of 22 months to approximately 7 months, based on Federal Fiscal Year 2003-04 data, ending in March 2004. Contributed toward improved staff morale. Seventy-five percent of the supervisors and 82 percent of the social workers in an evaluation survey found this model to be a more effective method of the delivery of adoption services.</p> <p>Permanency Partners Program (P3)</p> <ul style="list-style-type: none"> <li>➤ Permanency Partners Program is a partnership of Consortium for Children, a private non-profit California corporation, and DCFS.</li> <li>➤ Designed to create permanency options through the use of mediation for dependent youth 12 and older who currently have a case plan of long-term foster care.</li> <li>➤ Creates a partnership between a youth and an adult that he/she has identified as being significant to his/her life. If successful, the youth will exit foster care to a permanent plan or, at a minimum, with an established long-term relationship with a caring adult.</li> <li>➤ P3 is being piloted in Service Bureau 4, targeting 50 youth. The pilot will be funded through the Consortium's contract with the California Department of Social Services, and will be provided free to Los Angeles County.</li> <li>➤ Submitted a proposal to the Federal Adoptions Opportunity Grant fund to increase the number of appropriate youth who will be served by the P3 program.</li> <li>➤ Submitted a Board of Supervisors' memorandum identifying monies to fund this program for Countywide implementation.</li> </ul> <p>Plans are underway to expand the P3 pilot from Service Bureau 4 to four offices in Service Bureaus 1 and 3, utilizing retirees to replicate the model that was used in the initial pilot described above.</p> <p>P3 Performance Measures include:</p>
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	<p>The number of mediations involved. The outcomes of the mediations. Length of time of mediations (days and hours). The number of youth who exited foster care via adoption or guardianship or returned to family of origin. The number of youth for whom adoptive homes were identified. The length of time the recruitment took and the outcome of the recruitment. The type of services required to move youth to permanence.</p> <p>The number of CSWs trained in the "Facilitating Permanence for Older Youth" three-day training. Length of time from initial placement to permanency.</p>	<p><b>FINAL DCFS UPDATE:</b></p> <p>The Department has received authority to hire 47 retirees on 120-day contracts to provide P3 services to offices throughout the County. P3 retirees are currently assigned to 12 offices and plans are in place to expand P3 services department wide by the end of FY 2005-06. Funding for the Consortium for Children was renewed through a contract with CDSS for FY 2005-06 to provide P3 services for an additional 50 children in the Lakewood office. This service will be provided free to the County.</p> <p>A replication pilot is beginning with the Community College Foundation to provide P3 services to 50 youth in the Santa Fe Springs office.</p> <p>Over 200 youth in long-term foster care are working with P3 staff to explore permanency options.</p>	<p><b>Concurrent Planning Redesign</b></p> <p>Concurrent Planning Redesign is an approach adopted by DCFS and its stakeholders designed to increase permanency for youth in the Child Welfare System by changing the way that youth and families</p>
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	<p>are engaged upon entering the system. The process is based on an early assessment of a child's potential to safely return home while simultaneously developing an alternate plan for legal permanency through adoption or legal guardianship should reunification not be able to safely occur.</p> <p>The plan is currently in the development stage as it involves staffing issues that are subject to consultation with labor unions. Further, resources will be identified to achieve the plan's goals and strategies, outlined below.</p> <p><b>Goals of the Redesign Plan</b></p> <ul style="list-style-type: none"> <li>➤ Ensuring timely permanence for children under DCFS' care and supervision.</li> <li>➤ Finalizing 4,000 adoptions in Calendar Year 2005.</li> <li>➤ Reducing the timeline from initial placement to adoption finalization to 24 months or less for 32 percent of the children adopted.</li> <li>➤ Implementing fully concurrent planning.</li> <li>➤ Reducing caseloads and workloads of case carrying CSWs.</li> <li>➤ Decreasing timeline from detention to TPR from 35.1 months to 19.5 months.</li> <li>➤ Decreasing time from detention to adoption finalization from 42.1 months to 24 months.</li> </ul> <p><b>Strategies of the Redesign Plan</b></p> <ul style="list-style-type: none"> <li>➤ Separating case management responsibilities and adoption with a new focus on teamwork. Regional CSW will carry the case through adoption finalization.</li> <li>➤ Assigning responsibility for TPRs to the Dependency Investigator and clerical staff.</li> <li>➤ Assigning both pre- and post-TPR adoption-related tasks to the Adoption CSW.</li> <li>➤ Assigning responsibilities for case management tasks to Regional CSWs to allow Adoption CSWs to focus on adoption-related issues and decreasing timelines to permanency.</li> <li>➤ Conducting joint concurrent planning tasks by</li> </ul>
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Dependency Investigator, case-carrying CSW, and Adoption CSW starting as soon as the child is detained.	<p>Joint Planning Sessions</p> <p>Monthly joint planning sessions with Dependency Court, Probation, and DCFS will be conducted to increase the number of youth serviced by Probation that are able to exit the Juvenile Justice System through successful adoption (Note: still in the planning stage).</p>	<p>On January 6, 2005, DCFS completed its plan for rolling out its Concurrent Planning Redesign approach in five pilot offices. Training is scheduled to be rolled-out on an office-by-office basis beginning with a Manager/Supervisor Kick-off in February 2005. It is estimated that it will take 2½ to 3 months to train all five pilot offices. A labor/management oversight team has been established to monitor effectiveness through a continuous improvement process and to make recommendations regarding department-wide roll out.</p>	<p><b>FINAL DCFS UPDATE:</b></p> <ul style="list-style-type: none"><li>➤ The Concurrent Planning Redesign Pilot training occurred on a roll-out basis in five DCFS offices. Implementation in each pilot office occurred between March 21 and June 27, 2005. The automated tracking system is in place and the reporting function is estimated to be functional by August 2005. The purpose of the automated system is to support progress toward improved permanency planning and DCFS' goal of achieving timely permanence. The Continuous Quality Improvement Process is also in place and program oversight continues to be provided by a labor/management collaborative with a goal of making a recommendation to DCFS Executive Team by the end of September 2005 about a departmentwide roll-out.</li><li>➤ DCFS implemented the new Concurrent Planning System to assist case management staff to track</li></ul>
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	<p>their tasks and monitor permanency timelines. The system is currently being used at pilot offices; and the network infrastructure needed to support the system is in place.</p> <p><b>PROBATION:</b>  The implementation of this recommendation is supported by the Probation Placement Quality Assurance Program, which includes the following elements:</p> <ul style="list-style-type: none"> <li>☒ Developing a cadre of Permanency Planning Officers (PPOs) to identify and conduct searches for parents and relatives.</li> <li>☒ Screening for minors age 17½ and over for immediate referral to a PPO.</li> <li>☒ Conducting a survey of all cases to evaluate and expedite permanent plan.</li> <li>☒ Conducting monthly case reviews on all new cases and cases with status reviews to ensure compliance to permanency mandates.</li> <li>☒ Conducting training for DPOs/Supervising DPOs on Adoption and Safe Families Act, AB 575, case plans, Transitional Independent Living Plans (TILPs), and engaging families to promote family reunification.</li> <li>☒ Providing specialized training to placement management team on achieving positive outcomes in the areas of safety, permanency, and well-being.</li> <li>☒ Developing training on the status review report to ensure that concurrent planning is incorporated into initial case planning.</li> <li>☒ Increasing compliance with Division 31 regulations, regarding timely case plans, TILPs and monthly visits, concurrent planning and permanency.</li> <li>☒ Enhancing collaboration between Probation and DCFS/Adoptions to facilitate adoption process for Probation minors to expedite the home study and provide mediation services.</li> <li>☒ Assigning PPO staff to regional units to work with regional DPOs to disseminate information and</li> </ul>
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provide assistance in expediting permanency by participating in case management activities. Encouraging collaboration with group home providers by conducting focus meetings to identify methods of enhancing joint work with minors and their families to shorten time in placement and improving service delivery.

The permanency-planning program continues to develop its process and procedures for conducting searches for parents and relatives. PPOs continue to provide information to each placement unit. They are involved in reviewing cases on an ongoing basis to monitor for permanency compliance.

Quality Assurance monthly case reviews have been enhanced to determine compliance to permanency mandates. Training has been provided to Placement Deputies on Permanency mandates and requirements to ensure that Family Reunification is emphasized and that the appropriate course of action is followed in those cases when Family Reunification is not possible.

In October 2004, specialized training was conducted for Regional DPOs/Supervising DPOs. Training focused on developing concurrent plans and achieving permanency goals for foster care youth.

The Probation template for court reports has been revised to ensure that permanency and safety are specifically addressed in every status court report for youth in out of home care.

In collaboration with DCFSS, Probation has participated in the development of the System Improvement Plan, which was submitted to the California Department of Social Services on September 30, 2004.

Probation has been given authorization to utilize the Incident Tracking System (ITRACK) developed by DCFS. This automated, Web-based system is used by group home providers to report serious incidents involving situations, such as medical problems, behavioral problems and

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		<p>AWOLs for youth in foster care placement. This is the outcome of collaboration with DCFS in an effort to promote safety of youth in out-of-home care.</p> <p>Probation conducted a Peer Case Quality Review to identify areas of strengths and those needing improvement. As a result of the findings and recommendations, a workgroup was convened to examine the issue of probation placement workload.</p> <p>Collaboration between DCFS/Adoptions and Probation has continued with emphasis placed on the development of adoption procedures for Probation youth.</p> <p>A committee chaired by Juvenile Court Judge Michael Nash, and whose members include Probation, DCFS/Adoptions, and County Counsel, is in the process of reviewing the Delinquency Court's TPR procedures. The review will culminate in the establishment of procedures among the agencies that will facilitate the adoption of Probation-placed youth. A training module will be developed to familiarize Delinquency Court and Probation staff (placement DPOs) with the new procedures.</p> <p>Meetings have taken place with DCFS' Training Division to allow DPOs to take part in DCFS Academy specialized trainings regarding safety, permanency and case management.</p>	<p>Ongoing planning projects:</p> <ul style="list-style-type: none"><li>➤ Examine new practices, such as Team Decision Making, to improve case planning strategies and increase options for families.</li><li>➤ Provide specialized training to placement DPOs/SDPOs regarding TPRs and proper notice, at all stages in a case.</li></ul>	<p><b>FINAL PROBATION UPDATE:</b></p> <ul style="list-style-type: none"><li>➤ PPOs continue to provide support to each placement regional area office by attending unit meetings and being available on a one-on-one basis for individualized assistance.</li></ul>
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	<ul style="list-style-type: none"> <li>☒ PPOs have worked with DCFS to improve the search process to locate parents and relatives.</li> <li>☒ Probation is now an authorized participant in the ITRACK system used by group homes to report special incidents for children in group home care. The outcome of this project has resulted in information being provided to Probation in a systematic manner. This information is available more quickly and allows for immediate follow up to enhance safety of youth in out-of-home care.</li> <li>☒ The Problite System, a shadow data information system downloaded daily from CWS/CMS, was originally designed to provide Probation Officers with basic dependency history on youth entering the delinquency system. One SIP goal is to enhance this system to provide comprehensive information to Probation Officers regarding specific placement background and detail on the dependency court process towards permanency to provide consistency when a youth transitions into delinquency.</li> </ul>
	<ul style="list-style-type: none"> <li>☒ Until this goal is accomplished, a temporary information sharing protocol has been established with DCFS to obtain dependency case information for those children who transfer from DCFS to probation foster care.</li> <li>☒ The Probation/DCFS Adoptions committee has continued to meet with the goal of developing the TPR procedures for the delinquency court. A court protocol has been written and approved by Judge Nash. During the early stages of this process, there will be one court designed to handle the adoption cases to facilitate the process.</li> <li>☒ Probation and DCFS continue to meet as a subcommittee to ensure that the adoption process for delinquents continues to evolve. This provides ongoing training for Probation staff. In May 2005, a session in TDM was held for placement supervisors and Probation Officers. TDM is a strategy that Probation is considering to improve casework techniques and family involvement.</li> </ul>

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	<ul style="list-style-type: none"> <li>✓ Probation continues to meet with DCFS training academy staff to evaluate classes that will provide formal training to Probation line staff. Eventually, the training contract will include Probation.</li> <li>✓ Probation has been a participant in the Statewide Probation Training Committee to develop standardized basic training for new placement officers. This 54 hour training program is scheduled to begin in September, 2005.</li> <li>✓ Probation Quality Assurance staff have participated in the Statewide committee to develop the process for implementation of the Peer Quality Case Review. Probation was involved in the early implementation and modification of the tools, which have subsequently been adopted for statewide use.</li> </ul>
By 2005, increase the number of families with children that receive the Earned Income Tax Credit [EITC] by 20,000 in Los Angeles County.	<p>Recommendation 7: Instruct the participants in the June 2004 CalWORKs Funding Recommendations Stakeholders Process to consider funding for EITC outreach and marketing, Volunteer Income Tax Assistance (VITA) sites, staff support for the LA EITC Campaign Partnership, and/or other activities to increase utilization of the Federal EITC.</p> <p>Deliverables are contained in the recommendation.</p> <p>Lead: DPSS</p> <p>DPSS: The CalWORKs Funding Recommendations Stakeholders Workgroup considered funding for EITC promotion when they met in March and June 2004. In June 2004, the Stakeholders recommended \$500,000 total for FY 2004-05 and FY 2005-06. The Board of Supervisors considered this recommendation during Budget Deliberations on June 21, 2004. On a motion by Supervisor Molina, the Board voted to defer action on this recommended funding and requested a presentation to the Board by the DPS's Director and CPC Executive Director on the campaign's deliverables and coordination between County departments.</p> <p>On September 21, 2004, the Board of Supervisors approved the EITC funding recommendations developed by the CalWORKs Stakeholders Workgroup, which were presented by DPS's Director and CPC's Executive Director. The Board:</p> <ol style="list-style-type: none"> <li>Approved \$250,000 in Performance Incentives-</li> </ol>

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		<p>Net County Cost funding for the EITC Campaign from October 2004 to September 2005, and directed the CAO to place this funding in the Board of Supervisors' budget;</p> <p>2. Delegated authority to the Executive Officer of the Board to execute the needed amendment to the contract between the CPC and the County to add \$250,000 for the EITC Outreach Campaign; and</p> <p>3. Requested CPC's Executive Director to report back to the Board by July 15, 2005, on the results of the 2005 tax season campaign along with a recommendation regarding the remaining \$250,000 to continue the campaign through the 2006 tax season.</p>	<p><b>FINAL DPSS UPDATE:</b>  The CPC's Executive Director and the EITC Campaign Partnership are planning a presentation to the Board in September 2005. The Board letter and the presentation will contain a recommendation regarding the remaining \$250,000 to continue the campaign through the 2006 tax season. The presentation was originally scheduled for July 15, 2005; however, it has been postponed due to a delay on tax data from the Internal Revenue Service (IRS). This data is necessary to show the results and impact of the 2005 tax season campaign activities.</p>	<p>Deliverable #1:</p> <p><b>DCSS:</b>  DCSS has participated in the LA EITC Campaign Partnership's activities. The Department has assigned a senior manager and staff to lend support to the Campaign.</p>	<p>The Department remains committed to assist efforts to provide the public with information regarding the EITC. To this end, the Department has entered into discussions with LA City and the EITC Partnership regarding the possibility of using unspent funds from a prior budget year to supplement EITC Campaign outreach efforts.</p>
<p>Recommendation 8: Support and actively participate in the LA EITC Campaign Partnership by: (see deliverables).</p>	<p>1. Instruct the Directors of DPSS and DCSS to represent the County on the Campaign Partnership.</p>	<p>Lead: DPSS and DCSS</p> <p>Support: CPC</p>			

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	<p>DPSS:</p> <p>DPSS has been actively participating in and supporting, the LA EITC Campaign Partnership's activities for the last six years. This participation has included printing of marketing materials, video reproduction, and staff support and representation in the Partnership's workgroups and subcommittees.</p> <p>FINAL DPSS UPDATE:</p> <p>DPSS is actively participating on the EITC Partnership's Executive Committee, which oversees allocation of funds and the overall Partnership's activities through the work of five sub-committees and the Countywide EITC Coordinator.</p> <p>Deliverable #2:</p> <p>FINAL DPSS UPDATE:</p> <p>An EITC Coordinator was hired by CPC in December 2004 to help coordinate the EITC Partnership's activities and assets building strategies.</p>
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<p>Recommendation 9: Instruct the Director of DPSS to integrate promotion of the Federal EITC into the full range of the County's Food Stamps and Medi-Cal outreach and retention activities.</p> <p>2. Request CPC to provide staff support to the Campaign Partnership, subject to available funding, and to engage the cooperation of the Service Planning Areas/ American Indian Children's Councils in achieving the goal.</p>	<p>Deliverables are contained in the recommendation.</p> <p>Lead: DPSS</p> <p>DPS:</p> <p>A brochure containing EITC information was mailed to the entire CalWORKs, Food Stamp, and Medi-Cal population during the 2004 tax season. More coordinated outreach is in the planning stages.</p> <p><b>FINAL DPS UPDATE:</b></p> <p>A brochure containing EITC information was mailed to an estimated 1.2 million CalWORKs, Food Stamp, and Medi-Cal participants during the 2005 tax season. On July 5, 2005, a Joint Medi-Cal, Food Stamps, and EITC Outreach Pilot was implemented to test the efficacy of a coordinated outreach effort by promoting these programs in non-traditional sites with non-conventional marketing strategies. For example, eligibility workers out-stationed at Food Pantries, Food Banks, WIC offices, clinics and markets promoted awareness of the Food Stamp, Medi-Cal and EITC programs and provided application assistance as needed.</p> <p>Also, another proposed outreach pilot is in the planning stages to further increase awareness and enrollment in the Food Stamp, Medi-Cal and EITC programs, by utilizing existing community and other government agencies' resources. The target date for implementation is October 2005.</p>
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